



METROPOLITAN DEVELOPMENT COMMISSION
PLAT COMMITTEE
OF MARION COUNTY, INDIANA

Docket No:

DMD use only

◆ PETITION FOR VACATION ◆

Please complete legibly.

General Location of the
property to be Vacated:

Petitioner(s) Name:

Address:

Email:

Phone:

FAX:

Zip

Code:

Owner(s) Name:

Address:

Email:

Phone:

FAX:

Zip

Code:

Person who prepared the plat or legal description:

Address:

Email:

Phone:

FAX:

Zip

Code:

Does the petitioner **own** one hundred percent (100%) of the area involved in the petition (yes or no)?

*List of names, addresses, and consent of all owners abutting the property to be vacated
must be attached.*

Plat or Right-of-way affected:

Legal description including a copy of the plat, if applicable, must be attached.

Request is for a Vacation of (check all that apply):

☐

Street Right-of-way

☐

Alley Right-of-way

☐

Easement

☐

Covenant

☐

Platted Lots

☐

Building Setback Line

☐

Subterranean

☐

Air

Length of Right-of-way to be Vacated: _____

Township(s): _____

Existing Use of the Subject Property: _____

Existing Improvements on the Subject Property: _____

Continued

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◆ PETITION FOR VACATION - - PAGE TWO ◆

Is the subject property within an Incorporated City or Town other than the Consolidated City of Indianapolis (Yes or No)? _____

Will the vacation result in any area being without direct access to a public street or right-of-way (applies to street & alley vacations only) (Yes or No)? _____

Has the subject property been acquired by or been improved by any governmental agency or used by the public (Yes or No)? _____

Should the vacation require assessment of benefits or award of damages (Yes or No)? _____

Why? _____

Reason for Vacation: _____

Proposed Use: _____

Affect upon the Comprehensive Plan and adjacent uses: _____

The public interest or benefit that will result from the vacation: _____

If the vacation is approved, which appraiser will you choose to appraise the property (applies to street right-of-way, alley right-of-way, air and subterranean rights only)? Choose from attached list. _____

Oath: The undersigned hereby applies for final plat approval of the following described subdivision or resubdivision. Further, the undersigned is the owner of the real estate included in said subdivision or resubdivision. The undersigned, having been duly sworn, upon oath, says that the above information, to their knowledge and belief, is true and correct and that the undersigned agrees to comply with all applicable requirements of the Subdivision Control Ordinance of Marion County, Indiana, as amended.

Signature(s) of Petitioner(s)

STATE OF INDIANA,
COUNTY OF MARION, SS:
Subscribed and sworn to before me this
_____ day of _____, 20____

Notary Public

Printed Name of Notary Public

My Commission expires: _____

My County of residence: _____

Signature(s) of Owner(s) (if different than petitioner)

STATE OF INDIANA,
COUNTY OF MARION, SS:
Subscribed and sworn to before me this
_____ day of _____, 20____

Notary Public

Printed Name of Notary Public

My Commission expires: _____

My County of residence: _____